

* DATED AND MAILED INSTITUTIONAL MAIL

9-20-05

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Affidavit to Accompany

2005 SEP 26 Motion for Leave to Appeal in Forma Pauperis

FILED IN CLERKS OFFICE
U.S. COURT OF APPEALS
FOR THE FIRST CIRCUITDistrict Court No. 03-12324-D-P-WAppeal No. 05-2796

Joseph BRADSHAW

v.

UNITED STATES OF AMERICA

Affidavit in Support of Motion

Instructions

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Complete all questions in this application and sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

1 a
yourSigned: Joseph BradshawDate: 9-20-05ONLY DIST CT # 03-12324-D-P-W

My issues on appeal are: COUNSEL'S INEFFECTIVENESS FOR: (A) FAILURE TO GET AN RULING ON KNAPP AND REMANO'S TESTIMONY PURSUANT TO 304(B)(3) PRIOR TO HER OPENING; (C) USE IMMUNITY AND COURT'S FAILURE TO HOLD A EVIDENTIARY HEARING; (E) LAYING 3RD PARTY CONSENT TO SEARCH; WAIVE (D) - (E) VIOLATION OF SPEEDY TRIAL, (F) COUNSEL'S FAILURE TO SP TIME WITH CLIENT (G) PREJUDICIAL EVIDENCE, (H) DIST CT'S DENIAL OF SP & MOTION AND VERIFIED LEAVE TO AMEND 3-STRIKE WHICH IS VIOLATION OF BLAKLEY. * WAIVE CLAIM FILED UNDER SEAL IN 03

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TION OF
272 D-P-W

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Self-employment	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Income from real property (such as rental income)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Interest and dividends	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Gifts	\$ <u>50</u>	\$ <u>N/A</u>	\$ <u>50</u>	\$ <u>N/A</u>
Alimony	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Child support	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Disability (such as social security, insurance payments)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Unemployment payments	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Public-assistance (such as welfare)	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Other (specify): _____	\$ <u>0</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>
Total Monthly income:	\$ <u>50</u>	\$ <u>N/A</u>	\$ <u>0</u>	\$ <u>N/A</u>

2. List your employment history, most recent employer first. (Gross monthly pay is before taxes and other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>	<u>0</u>

3. List your spouses's employment history, most recent employer first. (Gross monthly pay is before taxes or other deductions)

Employer	Address	Dates of Employment	Gross monthly pay
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
<u>N/A</u>	<u>PRISON ACCOUNT</u>	<u>\$ 98</u>	<u>\$ N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>
<u>N/A</u>	<u>N/A</u>	<u>\$ N/A</u>	<u>\$ N/A</u>

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

SEE: ATTACHED MOTION AND AFFIDAVIT.

5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	(Value)	Other real estate	(Value)	Motor Vehicle #1	(Value)
<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	Make & year: <u>NONE</u>	
<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	Model: <u>NONE</u>	
<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	Registration#: <u>N/A</u>	
Motor Vehicle #2	(Value)	Other assets	(Value)	Other assets	(Value)
Make & year: <u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
Model: <u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>
Registration#: <u>N/A</u>	<u>0</u>	<u>NONE</u>	<u>0</u>	<u>NONE</u>	<u>0</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
<u>NONE</u>	<u>0</u>	<u>N/A</u>
<u>NONE</u>	<u>0</u>	<u>N/A</u>
<u>NONE</u>	<u>0</u>	<u>N/A</u>

7. State the persons who rely on you or your spouse for support.

Name	Relationship	Age
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>
<u>NONE</u>	<u>N/A</u>	<u>N/A</u>

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by you and your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 0	\$ N/A
Are any real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4.50	
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$ per call	\$ N/A
Home maintenance (repairs and upkeep)	\$ 0	\$ N/A
Food	\$ 0	\$ N/A
Clothing	\$ 0	\$ N/A
Laundry and dry-cleaning	\$ 0	\$ N/A
Medical and dental expenses	\$ 2.00 per visit	\$ N/A
Transportation (not including motor vehicle payments)	\$ 0	\$ N/A
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ N/A
Insurance (not deducted from wages or included in Mortgage payments)	\$ 0	\$ N/A
Homeowner's or renter's	\$ 0	\$ N/A
Life	\$ 0	\$ N/A
Health	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Other: _____	\$ 0	\$ N/A
Taxes (not deducted from wages or included in Mortgage payments)(specify): _____	\$ 0	\$ N/A
Installment payments	\$ 0	\$ N/A
Motor Vehicle	\$ 0	\$ N/A
Credit card (name): <u>NONE</u>	\$ 0	\$ N/A
Department store (name): <u>NONE</u>	\$ 0	\$ N/A
Other: <u>NONE</u>	\$ 0	\$ N/A

Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for operations of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify): <u>POSTAGE, LEGAL COPIES</u>	\$ _____	\$ _____
<u>Typing. Hygiene</u>	\$ <u>50</u>	\$ <u>50</u>
Total monthly expenses:	\$ <u>50</u>	\$ <u>50</u>

9. Do you expect any major changes to your monthly income or expenses in your assets or liabilities during the next 12 months?

☐ Yes ☒ No

If yes, describe on an attached sheet.

10. Have you paid — or will you be paying — an attorney any money for services in connection with this case, including the completion of this form? ☐ Yes ☒ No

If yes, how much? \$ N/A

If yes, state the attorney's name, address, and telephone number:

N/A
N/A
N/A

11. Have you paid — or will you be paying — anyone other than an attorney (such as a paralegal or typist) any money for services in connection with this case, including the completion of this form?

☒ Yes ☐ No

If yes, how much? \$ Typist \$3 per pg - copies 10¢, and postage

If yes, state the person's name, address, and telephone number:

VARIOUS JAIL HOUSE TYPIST WHEN NOT IN
THE HOLE. SEE ATTACHED MOTION AND AFFIDAVIT

12. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I BEEN INCARCERATED A TOTAL OF 25 YRS. - OVER 10 YRS ON THIS SENTENCE.. ALWAYS BEEN DEEMED INDIGENT BY THE COURT WHEN IN POPULATION MY PRISONER JOB MADE 12¢ A MONTH I GET \$50 PER MONTH FROM HOME. AND AN OCCASIONAL OR TWICE A YEAR FINANCIAL GIFT FROM A FRIEND. I'VE BEEN SAVING \$ THE LAST YEAR AND JUST MAILED \$250 FOR COPIES MY NEW TRIAL MOTION HOME PENDING IN U.S. DISTRICT IN A TO SOLICIT PRO-BONO ASSISTANCE ON THAT FILING. THE \$ SENT FOR

13. State the address of your legal residence.

Box 7000 - U.S. p FLORENCE
FLORENCE CO. 81226

Your daytime phone number: ()

Your age: 44 Your years of schooling: 10th GRADE - G.E.D.

[REDACTED]

AFFIDAVIT OF MR. SHUMARD

I AM JOSEPH BRADSHAW COUNCILOR.


2005 SEP 26 P 3:35
MR. BRADSHAW'S BEEN IN THE HOLE
SINCE 6-30-05.
FILED IN CLERKS OFFICE
U.S. DISTRICT COURT
FOR THE FIRST CIRCUIT

DUE TO CONSTRUCTION IN THE HOLE, THERE
IS NO SATELLITE LAW LIBRARY.

MR. BRADSHAW SENT 250.00 HOME FOR
LEGAL FEES AND HAS A THEN BALANCE
OF \$98.00.

SIGNED UNDER THE PAINS AND
PENALTIES OF PERJURY

COUNSELOR E-A UNIT
USP FLORENCE

 SHUMARD E-A

DATED 9-20-05

TO: CLERK MARGRET CARTER

FROM: JOSEPH BRADSHAW
20980-038

LM
CAP

RE: Appeals NO. 05-2196
~~SEP 26~~ P 3:35

DEAR CLERK, FILED IN CLERKS OFFICE
U.S. COURT OF APPEALS
FOR THE NINTH CIRCUIT

PLEASE FIND ENCLOSED AND MARK UP FOR A HEARING:

Following: (1) AFFIDAVIT TO ACCOMPANY MOTION FOR LEAVE TO App /
IN FORMA PAUPERIS. (2) MOTION TO NULLIFY DEFAULT INTENT AND TO
EXTEND TIME FOR APPELLANT TO FILE REQUIRED INDIGENCY AND C.O.A
U.S.P. FLORENCE PROVIDES LEGAL DOCUMENT FILE AND LAW LIBRARY
ACCESS, WITH AFFIDAVIT OF JOSEPH BRADSHAW IN SUPPORT OF
NO 05-2196. (3) AFFIDAVIT OF COUNSELOR SHUMARD CONFIRMING
ACCOUNT BALANCE AND NO LAW LIBRARY ACCESS. (4) CERTIFICATE OF
SERVICE AND VERIFICATION.

YOU MAILED A NOTICE OF DEFAULT INTENT TO DISMISS IF FEE: 2
FILING C.O.A AND/OR IN FORMA PAUPERIS AFFIDAVIT WASN'T FILED BY
9-22-05 - PURSUANT TO INSTITUTIONAL MAIL RULE - THE ABOVE BEEN
MAILED ON 9-20-05 AND IS TIMELY. IF THE COURT RULED PRIOR
TO THE RECEIPT OF THE ENCLOSED - PLEASE INFORM THEM IT'S BEEN
FILED TIMELY.

THANK YOU FOR YOUR TIME AND ASSISTANCE

Sincerely,

Joseph Bradshaw

JOSEPH BRADSHAW

20980-038

U.S. PENITENTIARY

Box 7000

FLORENCE CO. 81224

DATED 9-20-05

**UNITED STATES COURT OF APPEALS
FOR THE FIRST CIRCUIT**

No. 05-2196
DC No. 03-12324

JOSEPH BRADSHAW,

Petitioner, Appellant,

v.

UNITED STATES,

Respondent, Appellee.

**ORDER OF COURT
Entered: September 27, 2005**

Appellant has filed an application to proceed without prepayment of fees and affidavit in this court, which we transmit to the district court for action. Fed. R. App. P. 24(a). Copies of the district court's ruling shall be forwarded to this court. The district court, if it denies the motion, is requested to state its reasons in writing. Fed. R. App. P. 24(a)(2). If defendant-appellant is not granted in forma pauperis status by the district court, he may file a motion to proceed in forma pauperis in this court, provided that he do so in accordance with Fed. R. App. P. 24(b).

By the Court:
Richard Cushing Donovan, Clerk

By: MARGARET CARTER
Chief Deputy Clerk

CERTIFIED COPY
I HEREBY CERTIFY THIS DOCUMENT
IS A TRUE AND CORRECT COPY OF
THE ORIGINAL ON FILE IN MY OFFICE
AND IN MY LEGAL CUSTODY

FIRST CIRCUIT COURT OF APPEALS
BOSTON, MA

By: [Signature] Date: 9/27/05

[Certified Copies to the Honorable Douglas P. Woodlock,
Sarah A. Thorton, Clerk USDC of Massachusetts]

[cc: Joseph Bradshaw, Timothy Q. Freeley, AUSA, Dina M. Chaitowitz, AUSA]